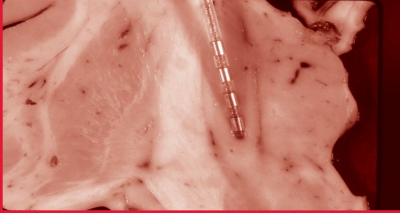


Deep Brain Stimulation in Neurological and Psychiatric Disorders



Edited by

Daniel Tarsy, MD
Jerrold L. Vitek, MD, PhD
Philip A. Starr, MD, PhD
Michael S. Okun, MD

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Deep Brain Stimulation in Neurological and Psychiatric Disorders

- **State-of-the-art, comprehensive, and balanced overview of DBS by renowned authorities in the field**
- **Reviews functional anatomy and physiology of motor and nonmotor aspects of the basal ganglia and connections which underlie the application of DBS**
- **Examines proposed mechanisms of action of DBS based on functional neuroimaging and neurophysiological studies in animals and man**
- **Offers guidance on patient selection, preoperative assessment, operative complications, and brain targeting**
- **Discusses microelectrode mapping as well as new and emerging brain imaging alternatives for target localization inside the operating room**

Chronic deep brain stimulation (DBS) has been a rapidly evolving area of neurotherapeutics since its initial introduction for the treatment of Parkinson's disease and essential tremor in the 1990s. For these conditions, DBS is now considered accepted therapy for patients failing to adequately respond to medical treatment. Since the 1990s, new clinical indications, anatomic targets, and technologies have contributed to an expanding role for DBS in the treatment of other movement disorders such as dystonia and Tourette syndrome as well as for other neurologic disorders such as epilepsy and cluster headache. Early experience has also been reported for psychiatric syndromes, such as obsessive-compulsive disorder and depression. Experience with DBS in psychiatric disorders is very limited but is reviewed in this volume as neuropsychiatric indications are expected to grow in coming years.

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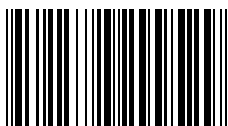
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